



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES
ELEVATOR SAFETY UNIT

APPLICATION FOR TRANSFER OF OWNER

DATE ISSUED:

OWNER NAME AND ADDRESS:

BUILDING NAME AND ADDRESS:

APPLICATION #:

*PRINT or TYPE all information. Application is due 30 days after receipt.
Please see attached for instructions and payment information.*

SECTION I BUILDING INFORMATION

PAYMENT AMOUNT ENCLOSED: \$ _____

Building Name: _____

Building Street Number: _____ Building Street Name: _____

Building City: _____

Municipality: _____

(To which taxes are paid)

Lot: _____ Block: _____ Use Group: _____ (see instructions)

SECTION II: OWNER INFORMATION

Owners Name (1): _____

Owners Name (2): _____

Owners Street Address: _____

Owners City: _____ State: _____ Zip-Code: _____ - _____

Owners Phone Number: _____ Fax Number: _____

Ownership Type: _____ Corporate _____ Individual/Sole Proprietorship _____ Partnership
(Please Check) _____ Government-Type _____ Other- explain _____

FOR OFFICE USE ONLY
COMU CODE:

SECTION III: CONTACT INFORMATION

Contact Name: _____

Contact Street Address: _____

Contact City: _____ State: _____ Zip-Code: _____ - _____

Contact Phone Number: _____ Fax Number: _____

Date of Transfer Of Owner	_____
	(closing date)

IN STATE AGENT	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
Manager	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Net lessee or any other person in control of the property (other than record owner	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
Corporate Officers Or General Partners	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()
Registered Agent (Corporations Only)	Name
	Address (PO BOX Not Acceptable)
	City Zip County Phone ()

Is this an amended registration? __ yes __ no Registration number? _____

Owner Signature (s)

X _____
Print Name

X _____
Print Name

Complete the enclosed application and return within 30 days to:

**Department of Community Affairs
Elevator Safety Unit
P O Box 816
Trenton NJ 08625**

You are required to pay a transfer of owner fee of \$76.00 per building. You may enclose payment with your application. Make check or money order payable to **Treasurer State of New Jersey. DO NOT SEND CASH.** Please record on the front of application form the payment amount enclosed. If payment is not enclosed you will be billed later.

Section 1: Building information – If the building name and address printed on the upper right corner of application form are incorrect please correct in the space provided. **If the building referenced on this form is one of a project, a separate form must be filed for each building within the project.** The space entitled building name should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either a letters or numbers, use this space to indicate that letter or number (i.e. bldg 1, bldg D). **In the space entitled Building Street Number and Street Name please do not fill in PO Box or RD number but rather the actual location of the building.** In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

USE GROUP CLASSIFICATIONS

A1 Assembly- Theater with stage	F-2 Factory & Industrial- Low Hazard	R-1 Residential (less than 30 days)
A-2 Assembly- Theater without stage	H -1 High Hazard- Detonation	Hotels, Motels, Boarding Homes
Night Club, Dance Hall	H-2 High Hazard – Deflagration	R-2 Residential (more than 29 days)-
A-3 Assembly- Museum, Library	H-3 High Hazard – Combustion, Physical	Multi Family Dwellings, Dormitories
Restaurant, Lecture Hall	H-4 High Hazard – Health	R-3 Residential- 1 & 2 family units
A-4 Assembly- Religious, Church	I-1 Institutional (Residential Care)	5 lodgers or less each
A-5 Assembly- Outdoor, Grandstand,	Supervised residential home for 6+	R-4 Residential- Detached 1 & 2 family
Tent Stadium, Coliseum	I-2 Institutional (Incapacitated)- Medical	Units, up to 3 stories
B – Business use	Nursing Care	S-1 Storage- Moderate Hazard
E – Educational/Day Care	I-3 Institutional (Restrained) – Jail,	S-2 Storage- Low Hazard
F-1 – Factory & Industrial- Moderate	Asylum, Reformatory	U Utility- Accessory buildings
Hazard	M – Mercantile building	Miscellaneous structures

Section II: Owner Information – If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and the owner address printed in the upper left hand corner of the application form is incorrect, please correct in the space provided. If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1)* and the name of the person or department to which future correspondence should be directed in the space provide for *Owner Name (2)*: . In addition, please complete the owner telephone number and indicate ownership type. If the ownership is *Government*, please fill in type of government (i.e. Local, County, State or Federal,) in the space provided. **OWNERS INFORMATION MUST BE A NEW JERSEY MAILING ADDRESS**

Section III: Contact Information - Please enter the name, address and telephone number of the person or firm responsible for the maintenance of the building. Such person or firm should have access to the building for future scheduling of periodic inspections.

If you should have any questions or need assistant in completing this application, please contact the Elevator Safety Unit at (609) 984-7833.

Once form is completed you can fax it to 609-984-7084 or email it to elevatorsafetyunit@dca.state.nj.us



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 816
TRENTON, NJ 08625-0816

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

Dear Sir/Madam:

Per changes to 5:23-12.4, which was adopted on 7/19/04, all devices that are registered in the state of New Jersey **MUST HAVE AN OWNER OR OWNER REPRESENTATIVE RESIDING OR HAVE AN OFFICE IN THE STATE OF NEW JERSEY TO ACCEPT SERVICE.**

It is the responsibility of the owner to notify the Department of any changes to the identity, mailing address or phone number of the owner or representative. **ANY CHANGE SHALL BE REPORTED TO THE DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.**

Any questions you can contact this office at 609-984-7833.